

FORM # 908

ASSIGNMENT DECISION PAGE

Name: James HallSBI#: 167581

Risk Assessment Scale: Community/Minimum Minimum Medium Maximum
 -2 to 04 05 - 08 09 - 16 17 or more

 Override: ☐ Yes ☒ No If yes, briefly specify reason: _____

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	med	med HLC		APPd	
Housing	C				
Job					
Education					
Therapy		TFC, PR, RP		APPd	
Other		Stress, MH		APPd	
Other					
Next Review Date		Month Year 7, 04	Month Year 1	Month Year 07, 04	

MDT or ICB MEMBERS PRESENT <u>Jayne Jackson/LT Porter</u>		Vote: 2-0 Abstention:
MDT or ICB CHAIRPERSON <u>LT R Pater</u>		Date: 1/22/04
MDT or ICB COMMENTS <u>med HLC appears appropriate due to RA score. He did not want to discuss anything except his remaining.</u>		
IBCC CHAIRPERSON		Vote: Abstention:
Date:		
Override (include justification in comments) _____ Comments: _____		
CICB CHAIRPERSON <u>Therrell</u>		Vote: 5-0 Abstention:
Date: 01/28/04		
Override (include justification in comments) _____ Comments: _____		
IRCB CHAIRPERSON:		Approved: Disapproved:
Date:		
Override (include justification in comments) _____ Comments: _____		